

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>smc</i>		7/3/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7/8/00
FORMALITY REVIEW	<i>[Signature]</i>	71531	7-18-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	12-8-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	7/3/00
2	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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